PART B - FEE(S) TRANSMITTAL

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maintenance fee notificati	ons.			*		., ,	
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							(Depositor's name)
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							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/594,490	09/27/2006		Yong Jiang		NL0403		1319
TITLE OF INVENTION: FLOW	STEAM IRONING D	EVICE HAVING VORT	EX GENERATION EL	EMENTS FOR OBT.	AINING	VORTICES IN THE	STEAM
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	02/25/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS	7			
IZAGUIRRE, ISMAEL		3765	038-077830				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a 2.				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			Critic inductors a single triff (utility gas a line united a registered state and or a single triff (utility and the names of up to 2 registered patient automays or agents. If no name is 3 listed, no name will be printed.				
3. ASSIGNEE NAME AN	D RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or	type)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIG		(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
KONINKLIJK	E PHILIPS	N.V.	EINDHOVEN, NL				
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government							
4a. The following fee(s) ar	e submitted:	4	b. Payment of Fee(s): (l	Please first reapply a	ny prev	lously paid issue fee	shown above)
Issue Fee		A check is enclosed.					
Publication Fee (No		Payment by credit card. Form PTO-2038 is attached.					
Advance Order - #	of Copies	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1270 (enclose an extra copy of this form).					
5. Change in Entity State	s (from status indicate	d above)					
a. Applicant claims			☐ b. Applicant is no				
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Authorized Signature / Paul Im/				Date_Fe	brua	ry 25, 20	09
Typed or printed name PAUL IM				Registration !		50,418	
This collection of informa an application. Confidenti submitting the completed this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 2231	application form to the ns for reducing this bu rginia 22313-1450. DC	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR	on is required to obtain 1.14. This collection is r depending upon the in e Chief Information Of COMPLETED FORMS	or retain a benefit by estimated to take 12 dividual case. Any co- ficer, U.S. Patent and TO THIS ADDRESS	the publi minutes omments Tradem S. SENI	ic which is to file (and to complete, includir s on the amount of the ark Office, U.S. Dep O TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

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